STATE OF NEVADA DIVISION OF CHILD AND FAMILY SERVICES PREA Juvenile Interview Form

During the course of the interview, please note any reference to potential witnesses, specific dates or times. The questions listed below are intended to help guide the interview; however, the interviewer may deviate from these questions to obtain any information that will help determine the nature and scope of the incident. If there are multiple victims, perpetrators, or witnesses please document their interviews on this form by copying the pertinent section. If at any time during the interview criminal activity is suspected, discontinue the interview and consult the Facility PREA Compliance Manager and document such actions.

Alleged Victim: [CLICK & TYPE]

Age: [CLICK & TYPE] Gender: [CLICK & TYPE]
Identifying #: [CLICK & TYPE] County: [CLICK & TYPE]

Group: [CLICK & TYPE] Group Leader: [CLICK & TYPE]

Cottage/Home: [CLICK & TYPE] Other: [CLICK & TYPE]

Alleged Perpetrator: [CLICK & TYPE]

Age: [CLICK & TYPE] Gender: [CLICK & TYPE]
Identifying #: [CLICK & TYPE] County: [CLICK & TYPE]

Group: [CLICK & TYPE] Group Leader: [CLICK & TYPE]

Cottage/Home: [CLICK & TYPE] Other: [CLICK & TYPE]

Reported Witness(es): [CLICK & TYPE] Relationship: [CLICK & TYPE]

Interviewer Name: [CLICK & TYPE]

On: [date], at [time], I interviewed "[full name]" about the incident, [NAME] stated: [CLICK & TYPE]

I asked [name] to describe what he/she heard/saw, [name] stated: [CLICK & TYPE]

I asked [name] if there was anyone else aware of the incident, [name] stated: [CLICK & TYPE]

I asked [name] if there was anything else he/she needed to share with me, [name] stated: [CLICK & TYPE]

I asked [name] if he/she felt threatened or feared for his/her safety, [name] stated: [CLICK & TYPE]

I asked [name] if he/she would like any follow up services with medical or mental health staff, [name] stated: [CLICK & TYPE]

Additional Information/Evidence:

Other supportive evidence related to this incident includes the following: [CLICK & TYPE]